

# INDIVIDUAL ACTIVITIES: Participant Direct Service Data Collection Tool – SNP List

(May use if AB99 information already collected)

Program Name: \_\_\_\_\_ (optional) Activity Location Name: \_\_\_\_\_

Participant's full name (first, middle, last):	Participant's date of birth: (mm/dd/yyyy): ____ / ____ / ____
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Date Information: Single or Start Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of occurrences: \_\_\_\_\_ Average duration: \_\_\_\_\_ ☐ hours OR ☐ minutes OR ☐ Not applicable

Enter ONE modality code in the box: 

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**Modality**

<b>01</b> Case management	<b>04</b> In-person consultation/service	<b>08</b> Phone consultation
<b>02</b> Home visit	<b>05</b> Support group session	<b>09</b> Mailing/distribution of materials
<b>03</b> Mobile service	<b>06</b> Class/workshop	<b>99</b> Other
	<b>07</b> Public/community event	

Please mark (X) ALL applicable activities associated with the modality entered above.

## Result 1: Improved Family Functioning (Family Support, Education and Services)

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral, Substance Abuse, and Mental Health Services | <input type="checkbox"/> Community Resource and Referral  |
| <input type="checkbox"/> Substance abuse treatment/screening                     | <input type="checkbox"/> Distribution of Kit for New Parents  |
| <input type="checkbox"/> Mental health/Behavioral assessment                     | <input type="checkbox"/> Family Literacy Programs   |
| <input type="checkbox"/> Behavioral aides  | <input type="checkbox"/> Provision of Basic Family Needs (Food, Clothes, Housing)                   |
| <input type="checkbox"/> Play therapy  | <input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs |
| <input type="checkbox"/> Parent-child intervention                               | <input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program         |
| <input type="checkbox"/> Other psychological counseling                          | <input type="checkbox"/> Transportation services or voucher   |
| <input type="checkbox"/> Social skills training                                  | <input type="checkbox"/> Targeted Intensive Parent Support Services                                 |
| <input type="checkbox"/> Psychiatric/medication services                         | <input type="checkbox"/> Respite care   |
| <input type="checkbox"/> Behavioral consultation                                 | <input type="checkbox"/> General Parenting Education Programs                                       |
| <input type="checkbox"/> Individual behavior plan                                | <input type="checkbox"/> Other Family Functioning Support Services                                  |
| <input type="checkbox"/> Other therapy   | <input type="checkbox"/> Family planning  |
| <input type="checkbox"/> Adult Education and Literacy for Parents                | <input type="checkbox"/> Service coordination   |
| <input type="checkbox"/> Adult literacy programs                                 |   |
| <input type="checkbox"/> Job training/citizenship/other adult education          |   |

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### Result 2: Improved Child Development (Child Development Services)

- |   |   |
|---|---|
| <input type="checkbox"/> Preschool for 3 and 4 Year Olds                              | <input type="checkbox"/> Integrated play group  |
| <input type="checkbox"/> Comprehensive Screening and Assessments                      | <input type="checkbox"/> Buddy program  |
| <input type="checkbox"/> Developmental screening – SNP protocol                       | <input type="checkbox"/> Social-emotional curriculum  |
| <input type="checkbox"/> Speech and language assessment                               | <input type="checkbox"/> Discrete trial training or other behavioral teaching program   |
| <input type="checkbox"/> Other screening or assessment                                |   |
| <input type="checkbox"/> Targeted Intensive Intervention for Identified Special Needs | <input type="checkbox"/> Early Education Programs for Children (Other than School Readiness and Preschool for 3 and/or 4 year olds) |
| <input type="checkbox"/> Consultation on speech and language                          | <input type="checkbox"/> Recreational/physical activities for children alone or together with parents                               |
| <input type="checkbox"/> Group speech and language therapy                            | <input type="checkbox"/> ECE*/child care subsidies or vouchers  |
| <input type="checkbox"/> Individual speech and language therapy                       | <input type="checkbox"/> ECE*/child care resources and referral   |
| <input type="checkbox"/> Socialization group  |   |
| <input type="checkbox"/> Specialized movement class                                   | <input type="checkbox"/> Kindergarten Transition Services   |
| <input type="checkbox"/> Inclusive recreation program                                 | <input type="checkbox"/> Other Child Development Services   |

\*ECE = Early care and education

### Result 3: Improved Health (Health Education and Services)

- |   |   |
|---|---|
| <input type="checkbox"/> Breastfeeding Assistance   | <input type="checkbox"/> Safety Education and Intentional and Unintentional Injury Prevention |
| <input type="checkbox"/> Nutrition and Fitness  | <input type="checkbox"/> Safety education and injury/violence prevention                      |
| <input type="checkbox"/> Other Health Education   | <input type="checkbox"/> Car seat distribution  |
| <input type="checkbox"/> Health Access  | <input type="checkbox"/> Specialty Medical Services   |
| <input type="checkbox"/> Home Visitation for Newborns                                     | <input type="checkbox"/> Audiology services   |
| <input type="checkbox"/> Oral Health  | <input type="checkbox"/> Vision services  |
| <input type="checkbox"/> Dental screening   | <input type="checkbox"/> Physical therapy   |
| <input type="checkbox"/> Dental treatment   | <input type="checkbox"/> Occupational therapy   |
| <input type="checkbox"/> Oral health education  | <input type="checkbox"/> Assistive technology services  |
| <input type="checkbox"/> Prenatal Care  | <input type="checkbox"/> Medical evaluation for diagnosis                                     |
| <input type="checkbox"/> Primary Care Services (Immunizations and/or Well-Child Checkups) | <input type="checkbox"/> Nursing services   |
| <input type="checkbox"/> General health screening   | <input type="checkbox"/> Other health services  |
| <input type="checkbox"/> Vision screening   | <input type="checkbox"/> Tobacco Cessation Education and Treatment                            |
| <input type="checkbox"/> Hearing screening  | <input type="checkbox"/> Other Health Services  |
| <input type="checkbox"/> Other screening  |   |
| <input type="checkbox"/> Immunizations  |   |
| <input type="checkbox"/> Well-baby or well-child checkups                                 |   |